FORM <u>B10</u> (Official Form 10)(4/98)		
UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
DISTRICT OF IDAHO (BOISE)		
	Case Number	
Name of Dedioi	99-00276	
Janice Elaine Woods	,, , , , , , , , , , , , , , , , , , ,	
NOTE: This form should not be used to make a claim	for an administrative expense arising	
after the commencement of the case. A "request" for payment filed pursuant to 11 U.S.C. § 593	of an administrative expense may be	
Name of Creditor (The person or other entity to whom the	☐ Check box if you are aware that	
debtor owes money or property):	anyone else has filed a proof of	99-00276
DR ANDREW FORBES, M.D.	claim relating to your claim. Attach copy of statement giving	
Name and Address where notices should be sent:	particulars.	
DR. ANDREW FORBES, M.D.	☐ Check box if you have never	1158977
333 N. 1ST	received any notices from the	
BOISE, IDAHO 83702	bankruptcy court in this case.	THIS SPACE IS FOR COURT USE ONLY
	☐ Check box if the address differs	O.NE.1
211-31199	from the address on the envelope sent to you by the court.	
Telephone Number: 2013 - 365 -	Check here if replaces	
Account or other number by which creditor identifies debtor:	this claim amends a previousl	ly filed claim, dated
1. Basis for Claim	Retiree benefits as defined in 11 U.	S.C. §1114(a)
☐ Goods sold	☐ Wages, salaries, and compensation ((fill out below)
☐ Services performed	Your SS #:	performed
☐ Money loaned	Unpaid compensation for services p	eriorined
☐ Personal injury/wrongful death	from to(date)	
☐ Taxes ☐ Other	(date)	
2. Date debt was incurred:	3. If court judgment, date obtained:	
[/4/)')'	\$12165	
4. Total Amount of Claim at Time Case Filed:		
If all or part of your claim is secured or entitled to priority, also Check this box if claim includes interest or other charges in a	ddition to the principal amount of the cl	laim. Attach itemized statement of
all interest or additional charges.	dution to the principal	
5. Secured Claim.	6. Unsecured Priority Claim.	t to the abotion
☐ Check this box if your claim is secured by collateral	Check this box if you have an unsecured priority claim	
(including a right of setoff).	Amount entitled to priority \$	
Brief Description of Collateral:	\square Wages salaries or commissions (up to \$4.300),* earned within 90 days	
☐ Real Estate ☐ Motor Vehicle ☐ Other	before filing of the bankruptcy petiti	ion or cessation of the debtor's
G Offici	business whichever is earlier - 11 U	.S.C. § 50/(a)(3).
Value of Collateral: \$	☐ Contributions to an employee benef	it plan - 11 U.S.C. \$50/(a)(4).
	☐ Up to \$ 1,950* of deposits toward property or services for personal, far	mily or household use - 11 U.S.C.
	\$ 507(a)(6).	miny, or nousenesse use 12 1 1 1
	☐ Alimony, maintenance, or support of	owed to a spouse, former spouse, or
Amount of arrearage and other charges at time case filed	$\frac{1}{2}$ child = 11 II S C 8 507(a)(7).	
included in secured claim, if any: \$	☐ Taxes or penalties owed to governm ☐ Other - Specify applicable paragraph	h of 11 H S C δ 507(a)().
	*Amounts are subject to adjustment or	n 4/1/01 and every 3 years thereafter
	with respect to cases commenced on	or after the date of adjustment.
7. Credits: The amount of all payments on this claim h	has been credited and deducted for the	ONLY
and the proof of claim		
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase ED STATES COLUMNS orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages ISTRICE OF TOARC		
accounts agreements and evidence of perfection of lien. DO NOT SEND URIGINAL		
DOCUMENTS If the documents are not available, explain. If the documents are voluntimous,		
ottoch a summanu		
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
See A contracting the second of the second o		
Date Sign and print the name and title, if any, of the	creditor or other person authorized to	GED (11.61)
file this claim (attach copy of power of attorney, if any):		
11/1/19 (Summa)		
Penalty for presenting fraudule of claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.		
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